I. Name of Lobbyist(s) Christopher Kratzer

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

JAN 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

N/A			
(Name of partnership, firm or corporation)			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
)	()	e-mail	
(Telephone)	(Fa	x)	
eportable expense transaction	is which are not attributable	orts for each client, OR you may to any one client). the reporting date relative to the	
ACT Inc			totto wing choin.
(Full Na	ne of Client as it appears on the I	obbyist Registration Form)	
<u>DR</u>			
All reportable transactions by nrelated to any particular clien		bbyist's family), or the lobbying	firm listed below which
IV. Date of Report April 26, 2017		July 26, 2017 🗌	
Reports cover: uctivity from date of registration to 3/31/17		activity from 4/1/17 to 6/30/17	
	r 25, 2017	January 31, 2018 activity from 10/1/17 to 12/31/1	17
V. There have been no fees If this box is checked, complete Concord, NH 03301.	received and no reportab just this form and submit it to	le transactions made since th the Secretary of State's Office, Sta	e last report. An ate House, Room 204,
/I. Check if additional report	s are attached:		
-		file Addendum A- Fees and Ex	penses
If you have paid an honorar Expense Reimbursement	ium or reimbursed expenses,	you must file Addendum B- Rep	ort of Honorariums or
If you, your firm, or your fa	mily has made political contri	butions, you must file Addendur	n C– Political Contribu
(Signature of lobbyist)	RSA 14-C and RSA 664 and	hereby swear or affirm that the fo	
Christopher Kratzer			
(Print Name of lobbyist)			